

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 155

4054

BIRTH NO.

E OF DEATH
AND
RESIDENCE

0323

ECEDENT
PERSONAL
DATA

184

7

754

CAUSE
OF
DEATH
ITEM 18)

0

0

RATIONS,
UTOPSY

9

EDICAL
IFICATION

+

DEATH
DUE TO
EXTERNAL
VIOLENCE

1

RONER'S
IFICATION

33

GENERAL
RECTOR

AND
SISTRAR

2

| | | | | | |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH A. COUNTY <u>Maricopa</u> | | B. LENGTH OF STAY IN THIS TOWN <u>4 days</u> IN ARIZONA <u>20 yrs</u> | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u> | |
| C. CITY OR TOWN <u>Mesa</u> | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN <u>Phoenix</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | |
| D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Southside Hospital</u> | | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>208 N. 4th St.</u> | |
| 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>EMMA</u> B. (MIDDLE) <u>ALICE</u> C. (LAST) <u>HINSHAW</u> | | 4. SEX <u>female</u> | | 5. COLOR OR RACE <u>cauc</u> | |
| 6B. NAME OF SPOUSE | | 7. DATE OF BIRTH MONTH <u>OCT</u> DAY <u>10</u> YEAR <u>1869</u> | | 8. AGE (IN YEARS LAST BIRTHDAY) <u>84</u> | |
| 9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Illinois</u> | | 11. CITIZEN OF WHAT COUNTRY? <u>U S</u> | |
| 14A. FATHER'S NAME <u>Unknown</u> | | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unk</u> | | 15A. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 16. INFORMANT'S SIGNATURE <u>Mrs. Eilee Trimble Baker</u> | | ADDRESS <u>Phoenix, Ariz.</u> | | 17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>15</u> (YEAR) <u>1954</u> | |
| 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) OR (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>CARCINOMA OF COLON</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> | |
| 19A. DATE OF OPERATION <u>7-13-54</u> | | 19B. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF COLON AT HEPATIC FLEXURE WITH EROSION INTO DUODENUM</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>7-11</u> , 19 <u>54</u> , TO <u>7-15</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>7-15</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>11:56 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | |
| 22A. SIGNATURE (DEGREE OR TITLE) <u>Edwin Koppe M.D.</u> | | 22B. ADDRESS <u>Mesa, Ariz.</u> | | 22C. DATE SIGNED <u>7/17/54</u> | |
| 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) _____ | | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____ | | 23C. (CITY OR TOWN) (COUNTY) (STATE) _____ | |
| 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ M | | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 23F. HOW DID INJURY OCCUR? _____ | |
| 24A. CORONER'S SIGNATURE _____ | | 24B. ADDRESS _____ | | 24C. DATE SIGNED _____ | |
| 25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> | | 25B. DATE <u>7/18/54</u> | | 25C. NAME OF CEMETERY OR CREMATORY <u>Brighton Cemetery</u> | |
| 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Brighton, Colo.</u> | | 26A. DATE REC. BY LOCAL REG. <u>7-18-54</u> | | 26B. REGISTRAR'S SIGNATURE <u>R. M. Daybell Deft.</u> | |
| 27A. FUNERAL DIRECTOR'S SIGNATURE <u>CARL J. J. J.</u> | | 27B. ADDRESS <u>TEMPE, ARIZ.</u> | | 27C. DATE SIGNED _____ | |